

Patent Attorney's Docket No. <u>018413-378</u>

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re Patent Application of)	BOX AF			
Charlie RICCI et al.) Group Art Unit: 1617			
Application No.: 09/954,789)	Examiner: Shanham J. Sharareh			
Filed: September 12, 2001)	Confirmation No.: 8809			
For: METHODS FOR TREATING)	RECEIVED			
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ENDOVASCULAR REPAIR OF	JAN 2 1 2003			
ABDOMINAL AORTIC ANEURYSMS	TECH CENTER 1600/2900			
ANEURISMS	(EOH OLIVIER 1000)2000			
REQUEST FOR RECONSIDERATION	ON TRANSMITTAL LETTER			
Box AF Assistant Commissioner for Patents Washington, D.C. 20231 Sir:				
Enclosed is a Request for Reconsideration for the	above-identified patent application.			
[] A Petition for Extension of Time is also end				
[] A Terminal Disclaimer and a check for [] requisite Government fee are also enclosed.				
[X] Also enclosed is <u>a Second Information Dis</u> PTO-1449 and the Declaration of Richard J. Gref				
[X] Small entity status is hereby claimed.				
[] Applicant(s) request continued examination [] \$370.00 (279) [] \$740.00 (179) fee due un				
 -[] Applicant(s) previously submitted, requested. 	on, for which continued examination is			
[] -Applicant(s) request suspension of action by exceed three months from the filing of this § 1.103(c). The required fee under 37 C.F.	RCE, in accordance with 37 C.F.R.			
[] A Request for Entry and Consideration of S. (146/246) is also enclosed.	Submission under 37 C.F.R. § 1.129(a)			

[X] No additional claim fee is required	[X]	No a	additional	claim	fee	is	required
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[]	An additional	claim fee	e is required,	and is	calculated	as shown	below:
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		AMENDED	CLAIMS		
	No. OF CLAIMS	HIGHEST NO. OF CLAIMS PREVIOUSLY PAID FOR	EXTRA CLAIMS	RATE	ADDT'L FEE
Total Claims		MINUS 4 =		× \$18.00 (103) =	
Independent Claims MINUS 2 = \times \$84.00 (102) =					
If Amendment adds mu	ıltiple depende	ent claims, add \$280	.00 (104)		
Total Amendment Fee					
If small entity status is	claimed, subt	ract 50% of Total A	mendment Fe	е	
TOTAL ADDITIONA	L FEE DUE	FOR THIS AMEN	DMENT		ý.

[]	A claim fee in the	amount of \$	is enclosed.
[]	Charge \$	to Deposit Account N	o. 02-4800.

The Commissioner is hereby authorized to charge any appropriate fees under 37 C.F.R. §§ 1.16, 1.17, 1.20(d) and 1.21 that may be required by this paper, and to credit any overpayment, to Deposit Account No. 02-4800. This paper is submitted in duplicate.

Respectfully submitted,

Burns, Doane, Swecker & Mathis, l.l.p.

Ву:___

Erin M. Dunston

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Date: January 22, 2003